

CLAIMS ONLY BEST AVAILABLE COPY

Application Number

10/507,021

Filing Date

Applicant(s)

Re Amended

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep
1	/		/					51					
2		/		/				52					
3	/		/					53					
4		/		/				54					
5	/		/					55					
6		/		/				56					
7		/		/				57					
8	/		/					58					
9		/		/				59					
10		/		/				60					
11	/		/					61					
12		/		/				62					
13		/		/				63					
14	/		/					64					
15		/		/				65					
16		/		/				66					
17	/		/					67					
18		/		/				68					
19		/		/				69					
20	/		/					70					
21		20	/	20				71					
22		20						72					
23		20						73					
24		20						74					
25		20						75					
26		20						76					
27		20						77					
28		20						78					
29		20						79					
30		20						80					
31		20						81					
32		20						82					
33				/				83					
34				/				84					
35				/				85					
36				/				86					
37				/				87					
38				/				88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep	8		8					Total Indep					
Total Depend			38					Total Depend					
Total Claims			48					Total Claims					